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CONFIRMATION NO. 4782

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/597,675	06/18/2007	601	3772	34653		
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<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL05/00141 02/04/2005 which claims benefit of 60/542,022 02/05/2004 and claims benefit of 60/566,078 04/29/2004 and claims benefit of 60/566,079 04/29/2004 and claims benefit of 60/604,615 08/25/2004 and claims benefit of 60/633,428 12/07/2004 and claims benefit of 60/633,429 12/07/2004 and claims benefit of 60/633,442 12/07/2004 OK M.B.						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 08/26/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL A BROWN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 40	<b>TOTAL CLAIMS</b> 37 <del>35</del> X	<b>INDEPENDENT CLAIMS</b> 1 <del>9</del> X
<b>ADDRESS</b> MARTIN D. MOYNIHAN d/b/a PRTSI, INC. P.O. BOX 16446 ARLINGTON, VA 22215 UNITED STATES						
<b>TITLE</b> Methods and Apparatus for Rehabilitation and Training						
<b>FILING FEE RECEIVED</b> 1569	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		